

Important Information to Look for When Reviewing Your Tax Return

Personal (Individual) Tax Returns (Form 1040)

What to Review

1

Federal Income Tax Summary

This shows your income, itemized deductions, credits, refund / amount due, among other things. This page is also a nice visual representation of what your numbers look like compared to the previous tax year.

2

State Income Tax Summary (if applicable)

Shows the same information as above, but for the State you live in and any other states you may be required to file.

3

Form 1040, Page 1

Here are some items to keep an eye out for on the top half of the page:

- Filing Status
- First + Last Name
- Social Security Number (SSN)
- Home Address
- Dependent information

*If any of the information is not presented correctly on your tax return, please let us know immediately so we can correct it prior to filing.

Here are some items to keep an eye out for on the bottom half of the page:

Line 1 - Wages from W-2 (full time employment salary)

Line 4a - IRA distributions

Line 7 - Capital gain (or loss)

Line 9 - Total income

Line 10c - Total adjustments to income

(equal to Line 22 on Schedule 1)

Line 11 - Adjusted gross income (AGI)

Line 15 - Taxable income (amount you are actually

taxed on)





Important Information to Look for When Reviewing Your Tax Return

Personal (Individual) Tax Returns (Form 1040)

Form 1040 | Page 2

Here are some items to keep an eye out for on the top half of the page:

- Line 16 Tax
- Line 24 Total tax

Here are some items to keep an eye out for on the bottom half of the page:

- Line 35a Amount refunded (if applicable)
- Line 37 Amount you owe (if applicable)

Schedule C (if applicable)

Here are some items to keep an eye out for on the top half of the page:

- Name of proprietor (owner of business)
- SSN
- Principal business or profession
- · Business name
- Employer ID number (EIN)

Part I - Income:

Line 1 - Gross receipts or sales

Line 5 - Gross profit

Line 7 - Gross income

Part II - Expenses:

Should review this entire section to make sure it matches up with your bookkeeping records.

Line 28 - Total expenses

Line 31 - Net profit or (loss)

Part V - Other Expenses:

Please review this entire section to make sure it matches up with your bookkeeping records.

Schedule D (if applicable)

Part I - Short-Term Capital Gains and Losses:

Line 7 - Net short-term capital gain or (loss)

Part II - Long-Term Capital Gains and Losses:

Line 15 - Net long-term capital gain or (loss)

*If any of the information is not presented correctly on your tax return, please let us know immediately so we can correct it prior to filing.





Federal Income Tax Summary

020 Federal Income T	ax Summary		Page
	2020	2019	Diff
INCOME Business income	239,967	38,690	201,277
Business income Capital gain or loss	10	30,090	10
Total income	239,977	38,690	201,28
ADJUSTMENTS TO INCOME			
Deductible part of self-employment tax	11,751	2,734	9.01
Self-employed SEP, SIMPLE, qual. plans	45,643	2,734	45,64
Student loan interest deduction	45,045	1,424	-1,42
Total adjustments	57,394	4,158	53,23
Adjusted gross income	182,583	34,532	148,05
ITEMIZED DEDUCTIONS			
Taxes	1,318	1,569	-25
Total itemized deductions	1,318	1,569	-25
TAX COMPUTATION			
Standard deduction	12,400	12,200	20
Larger of itemized or standard deduction	12,400	12,200	20
Qualified business income deduction	31,487	4,466	27,02
Taxable income	138,696	17,866	120,83
Tax before credits	27,366	1,951	25,41
CREDITS			
Total credits	0	0	
Tax after credits	27,366	1,951	25,41
OTHER TAXES			
Self-employment tax	23,502	5,467	18,03
Other taxes	194	0	19
Total tax	51,062	7,418	43,64
PAYMENTS			
Total payments	0	0	9
REFUND OR AMOUNT DUE			
Amount you owe	51,062	7,418	43,64
TAX RATES			
Marginal tax rate	24.0%	12.0%	12.0
Effective tax rate	36.8%	41.5%	-4.7





State Income Tax Summary

020 California Income	Tax Summary		Page
FEDERAL ADJUSTED GROSS INCOME	2020	2019	Diff
Federal adjusted gross income	182,583	34,532	148,051
Adjusted gross income	182,583	34,532	148,051
ITEMIZED DEDUCTIONS California itemized deductions California standard deduction	0 4,601	0 4,537	0 64
TAX COMPUTATION Total taxable income Tax Exemption credits Net tax	177,982 13,681 124 13,557	29, 995 694 122 572	147,987 12,987 2 12,985
PAYMENTS California income tax withheld Total payments	0	0	0
USE TAX Use tax	0	7	-7
ISR PENALTY Individual shared responsibility penalty	3,468	0	3,468
REFUND OR AMOUNT DUE Amount overpaid Underpayment penalty Amount you owe	0 14 17,039	0 20 599	0 -6 16,440
TAX RATES Marginal tax rate Effective tax rate	9.3% 7.6%	4.0%	5.3% 5.7%





Form 1040, Page 1

	X Single Married fil		Married filing separately (Head of household			ying widow(er	
one box.	f you checked the MFS box, serson is a child but not your		e of your spouse. If you ch	ecked the I	HOH or QW box, en	ter the child's	name it	the qualifyi	ng
Your first name and m	niddle initial		Last name			Your so	cial sec	urity number	
If joint return, spouse's	s first name and middle initial		Last name			Spouse	's social	security num	ber
Home address (numbe	er and street). If you have a P.O.	box, see instructi	ons,		Apt. no.	DESCRIPTION 100		ction Campai	
City, town, or post office	ce. If you have a foreign address,	also complete s	paces below. State		ZIP code	if filing fund. C	jointly, w	ant \$3 to go to a box below v	o this vill
Foreign country name		Foreign provi	nce/state/county		Foreign postal code	100,000,000	You	Spor	
At any time during	2020, did you receive, sell, :	end, exchange	e, or otherwise acquire any	financial i	interest in any virtu	al currency?	Yes	X No	
Standard Deduction		u as a dependen		a dependent		35		band	
Age/Blindness	You: Were born before			ouse:	Was born before Ja	anuary 2, 1956	Г	Is blind	
Dependents (see	instructions):		(2) Social security	(3)	Relationship	(4) ✓ if (qualifies !	for (see instru	ctions):
11000	rst name La	st name	number		to you	Child tax cre	edit	Credit for ot	her deper
than four dependents.									
see instructions						-		-	-
and check here ►				-		-		-	-
	5 100 ON S	Cr. Dr. Stifes	5240A 2200000000	- 17					
	1 Wages, salaries, t	ips, etc. Atta	ich Form(s) W-2			THE PERSON	1		
Attach Sch. B if	2a Tax-exempt interes	st	2a	b Ta	axable interest		2b		
required.	3a Qualified dividend	s	3a	b O	rdinary dividends		3b		
	4a IRA distributions.	- 1	4a 4	b Ta	exable amount		4b		
	5a Pensions and ann		5a	b Ta	axable amount		5b		
	6a Social security benefits		6a	- B. (1997)	axable amount		6b		
	Street No. of Control of Street, Stree		D if required. If not required,			-	7		
			, line 9				8	2	39,9
			, 7, and 8. This is your			_	9		39,9
Standard	10 Adjustments to in		, ,, and a. 11113 13 your	to tur met	7.III.C				33,3
Single or					10a	57,394.			
Married filing separately, \$12,400			standard deduction. See inst		1.00	31,334.			
 Married filing 	Add lines 10a and	85	are your total adjustme			_	10c		57,3
jointly or Qualifying widow(er), \$24,800	네 ^ 로 없다. 없었다. 아이는 아이를 했다.		This is your adjusted gr				11	1	82,5
 Head of household, \$18,650 			ed deductions (from So				12		12,40
• If you checked any	13 Ovellford hydrone		luction. Attach Form 89		THE PARTY HER PARTY OF THE PART		13		31,48
box under Standard Deduction,				JJ 01 1 01			14		43,88
see instructions.	」					*********		- 1	
	15 Taxable income.	subtract line	14 from line 11. If zero	or less,	enter -U-	THE RESIDENCE OF THE PARTY OF T	15	1	38,69





Schedule 1 - Additional Income and Adjustments to Income

Part II	Adju	ustments to Income		
	10	Educator expenses	10	
	11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
	12	Health savings account deduction. Attach Form 8889	12	
	13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
	14	Deductible part of self-employment tax. Attach Schedule SE	14	11,751
	15	Self-employed SEP, SIMPLE, and qualified plans.	15	45,643
	16	Self-employed health insurance deduction	16	
	17	Penalty on early withdrawal of savings	17	
	18a	Alimony paid	18a	
	b	Recipient's SSN		
	c	Date of original divorce or separation agreement (see instructions)		
	19	IRA deduction	19	
	20	Student loan interest deduction.	20	
	21	Tuition and fees deduction. Attach Form 8917	21	
	22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a.	22	57,394

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 202





Form 1040, Page 2

Form 1040 (2020	0)						Page 2
	16 Tax (see instructions).	Check if any from For	m(s): 1 881	14			
	2 4972 3				************	16	27,366.
	17 Amount from Schedule	2, line 3				17	
	18 Add lines 16 and 17					18	27,366.
	19 Child tax credit or cred	lit for other dependents	Ensernment			19	
	20 Amount from Schedule	3, line 7				20	
	21 Add lines 19 and 20					21	0.
	22 Subtract line 21 from I	ine 18. If zero or less,	enter -0			22	27,366.
	23 Other taxes, including	self-employment tax, f	rom Schedule 2	, line 10		23	23,696.
	24 Add lines 22 and 23. T	his is your total tax				24	51,062.
	25 Federal income tax wit	thheld from :				10000	
	a Form(s) W-2			25a			
	b Form(s) 1099						
	c Other forms (see instr					05.1	
	d Add lines 25a through 26 2020 estimated tax par					_	
 If you have a qualifying child. 	27 Earned income credit	1	No.	4 4		20	
attach Sch. EIC. If you have	28 Additional child tax cre						
nontaxable	29 American opportunity of			227			
combat pay, see instructions.	30 Recovery rebate credit	. See instructions	(4.0, KKC0) (5.0, KC0) (5.0, KC0)	30			
	31 Amount from Schedule	3, line 13		31			
	32 Add lines 27 through 3 and refundable credits					▶ 32	
	33 Add lines 25d, 26, and	32. These are your tot	al payments			► 33	0.
Refund	34 If line 33 is more than line 24	4, subtract line 24 from line 3	3. This is the amou	nt you overpaid		34	
	35 a Amount of line 34 you		r	7		35a	
Direct deposit? See instructions.	► b Routing number		► c Type:	Checking	Savings		
	 d Account number 36 Amount of line 34 you want a 		ed tax	▶ 36			
Amount	37 Subtract line 33 from I					37	51,062.
You Owe For details on	Note: Schedule H and owe for 2020. See Sch				ne taxes you		
how to pay, see instructions.	38 Estimated tax penalty	(see instructions)		► 38			
Third Party Designee	Do you want to allow another See instructions. Designee's Miguel Cent			► X Yes	. Complete be		No identification P(N) ► 50255
Sign Here	Under penalties of perjury, I declare the are true, correct, and complete. Decla Your signature	hat I have examined this return ration of preparer (other than t	and accompanying s axpayer) is based on Date	Your occupation	hich preparer has	any knowle	dge. RS sent you an Identity Protection enter it
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return	n, both must sign.	Date	Marketin Spouse's occupat	<i></i>	If the I	(see inst.) RS sent your spouse an identity ion PIN, enter or (see inst.)
25	Phone no.		Email address			14.44	
(2000)	Preparer's name	Preparer's signature Miguel Cer		Date	PTIN DO15	30730	Check if:
Paid Preparer	Miguel Centeno				11012		
Use Only		Group Advisor					866-235-8426
	Firm's address ► 553 N. Pa Redondo I	acific Coast Hv Beach, CA 9027				Firm's EIN	▶ 81-3985337
Go to www.irs.gov	v/Form1040 for instructions and to						Form 1040 (2020)





Schedule C (if applicable)

(For	HEDULE C m 1040)	► Go to	(5	Loss From Business lole Proprietorship) uleC for instructions and the latest inform	nation.	2020
		Attach to Form 1	040, 1040-SR, 1040-	NR, or 1041; partnerships generally mu	st file Form 106	
Name	of proprietor			\rightarrow	Social security num	ber (SSN)
A	Principal business or profession,	including product or ser	rvice (see instructions)		B Enter code from	n instructions
C	Business name. If no separate b	usiness name, leave bla	nk,		D Employer ID nu	mber (EIN) (see instr.)
F	Business address (including suite	e or room no) F		-		
7	City, town or post office, state, a					
-		Party Control	2) Accrual (3	Other (specify) >		
		total	tool .	ss during 2020? If "No," see instructions	for limit on loca	es X Yes
				re		
				file Form(s) 1099? See instructions		
	CONTRACTOR	you me required Fr	orm(S) 10991			Lites Li
	t I Income					
1				the box if this income was reported to y	/ou - □ 1	293,51
2		and the second s		was checked	the state of the s	293,51
3						293,51
						275,51
	Gross profit. Subtract lin				5	293,51
	Other income, including	federal and state	gasoline or fuel tax		6	230701
7	Gross income. Add lines				7	293,51
	t II Expenses Enter					
8	Advertising	8	5,610.	18 Office expense (see instructions).	18	3,63
9	Car and truck expenses	9	E 42	19 Pension and profit-sharing plans.	19	17.0.0000
10	(see instructions)		542.	20 Rent or lease (see instructions):		
11	Contract labor	10		a Vehicles, machinery, and equipme	The state of the s	93
	(see instructions)		17,354.	b Other business property		
	Depletion			21 Repairs and maintenance		
13	Depreciation and section 179 expense deduction	1:		22 Supplies (not included in Part III)	100000	
	(not included in Part III)			23 Taxes and licenses	23	2
22	(see instructions)	CARRY CO.		24 Travel and meals:	24-	
14	Employee benefit progra (other than on line 19)	ams 14		a Travel	24a	54
15	Insurance (other than he	1000 PM	2,220.	b Deductible meals (see instructions)	24b	2,14
	Interest (see instr.):		The Action of the Section	25 Utilities	25	1,29
	Mortgage (paid to banks, etc.)	16a		26 Wages (less employment credits)	26	
	Other		3,569.	27a Other expenses (from line 48)		4,23
17	Legal and professional s	services 17	6,892.	b Reserved for future use	27b	- 8-
28	Total expenses before e	expenses for busin	ess use of home. A	dd lines 8 through 27a	▶ 28	48,99
	Tentative profit or (loss).				29	244,52
30	Expenses for business u unless using the simplifi Simplified method filers and (b) the part of your	ed method. See in only: Enter the to	structions. otal square footage	expenses elsewhere. Attach Form 8829 of (a) your home:		
	Method Worksheet in the				30	9,14
31	Net profit or (loss). Subt	tract line 30 from I	ine 29.			
	 If a profit, enter on bo line 2. (If you checked th enter on Form 1041, line 	ne box on line 1, s			31	235,38
	• If a loss, you must go	to line 32.			90 70	
32	If you have a loss, check	k the box that des	cribes your investme	ent in this activity. See instructions.		
	• If you checked 32a, er line 2. (If you checked to Form 1041, line 3.	nter the loss on bo he box on line 1, s	oth Schedule 1 (For see the line 31 instr	m 1040), line 3, and on Schedule SE, uctions). Estates and trusts, enter on	32a [All investment is at risk.
	. If you checked 32b, yo					





Schedule C (if applicable)

	rt III Cost of Goods Sold (see instructions)			Page
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch explar	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if Yes," attach explanation.	ry?	Yes	□Ne
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself.	. 37		
38	Materials and supplies	38		
39	Other costs.	. 39		
40	Add lines 35 through 39.	. 40		
41	Inventory at end of year.	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42		
43	required to file Form 4562 for this business. See the instructions for line 13 to find out if you must fi When did you place your vehicle in service for business purposes? (month/day/year) 1/01/18	le Form 4	562.	
	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your	vehicle fo	r.	
	Business 1,200 b Commuting (see instructions) c Othe		7,3	1.2
•	Tousiness 1,200 B commuting (see instructions)			12
45	Was your vehicle available for personal use during off-duty hours?		XYes	□ N
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	X
47 8	Do you have evidence to support your deduction?		X Yes	□ No
ŀ	If "Yes," is the evidence written?		X Yes	□ No
Pai	t V Other Expenses List below business expenses not included on lines 8-26 or line 30.			
Bai	nk Charges		1	,180
Cha	aritable Contributions			508
Due	es and Subscriptions		1	,499
Mis	scellaneous			704
Pos	stage			340
		+		
		+		
		+		
48	Total other expenses. Enter here and on line 27a.	48		1,231
		Schedu	le C (Form 10	40) 202





Schedule D (if applicable)

(For	IEDULE D					1	OMB No. 1545-0074
Depar	m 1040) ment of the Treasury at Revenue Service (99)	► Go to www.irs.go					2020 Attachment Sequence No. 12
Name	(s) shown on return					Your soc	ial security number
300	보험을 하다고 하면 빠른데 없는데 하는데 하는데 없었다.	estment(s) in a qualified or and see its instructions for	[하면 생물] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	305.530 (4.570)	res X No		
Par		Capital Gains and Lo		TO THE TRANSPORT		s (see	instructions)
ente	on the lines below.	figure the amounts to	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
off c	ents to whole dollars.	complete if you round	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part I, in (g)	combine the result with column (g)
1a		ructions). le to report all these 8949, leave this line	2.	2.			
16	Totals for all transacti Form(s) 8949 with Bo	ons reported on x A checked					
2	Totals for all transacti Form(s) 8949 with Bo						
	Totals for all transacti Form(s) 8949 with Bo						
		r (loss) from partnerships, s carryover. Enter the amo				5	
6 7 Par	Short-term capital los Worksheet in the inst Net short-term capital capital gains or losses till Long-Term	s carryover. Enter the amo ructions. I gain or (loss). Combine Ii s, go to Part II below. Othe Capital Gains and Lo	unt, if any, from line to nes 1a through 6 in convise, go to Part III or	of your Capital Loss olumn (h). If you have in the back	Carryover	6	
7 Par See enter	Short-term capital los Worksheet in the insta Net short-term capital gains or losses till Long-Term instructions for how to on the lines below.	s carryover. Enter the amo ructions I gain or (loss). Combine li s, go to Part II below. Othe	unt, if any, from line to nes 1a through 6 in convise, go to Part III or	of your Capital Loss olumn (h). If you have in the back	Carryover	6 7 /ear (s	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
Par See enter This off c	Short-term capital los Worksheet in the inst Net short-term capital capital gains or losses till Long-Term instructions for how to on the lines below. form may be easier to ents to whole dollars. Totals for all long-tern on Form 1099-B for who the IRS and for whi adjustments (see inst (see inst).	s carryover. Enter the amoructions. I gain or (loss). Combine list, go to Part II below. Othe Capital Gains and Lo figure the amounts to complete if you round in transactions reported hich basis was reported chy ou have no ructions). However, tall these transactions this line blank and go	unt, if any, from line and through 6 in corwise, go to Part III or sses — Generally (d) Proceeds	3 of your Capital Loss blumn (h). If you have n the back Assets Held More (e) Cost	e Than One Adjustment to gain or loss Form(s) 8949,	6 7 /ear (s	(h) Gain or (loss) Subtract column (e) from column (f) and combine the result with column (g)
Par See ente This off c	Short-term capital los Worksheet in the inst Net short-term capital gains or losses till Long-Term instructions for how to ron the lines below. form may be easier to ents to whole dollars. Totals for all long-tern on Form 1099-8 for w to the IRS and for whi adjustments (see instif you choose to report on Form 8949, leave:	s carryover. Enter the amoructions. I gain or (loss). Combine liss, go to Part II below. Othe Capital Gains and Lo figure the amounts to complete if you round in transactions reported hich basis was reported ch you base no ructions). However, t all these transactions this line blank and go	unt, if any, from line and the state of the	olumn (h). If you have n the back Assets Held More (e) Cost (or other basis)	e Than One Adjustment to gain or loss Form(s) 8949,	6 7 /ear (s	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
Par See enter This off c	Short-term capital los Worksheet in the inst Worksheet in the inst Net short-term capital gains or losses till Long-Term instructions for how to on the lines below. form may be easier to ents to whole dollars. Totals for all long-terr on Form 1099-B for w to the IRS and for whi adjustments (see instif you choose to repor on Form 8949, leave to line 8b. Totals for all transact	s carryover. Enter the amoructions. I gain or (loss). Combine list, go to Part II below. Othe Capital Gains and Lo figure the amounts to complete if you round in transactions reported hich basis was reported chy ou have no ructions). However, tall these transactions this line blank and go ions reported on ix D checked.	unt, if any, from line and the state of the	olumn (h). If you have n the back Assets Held More (e) Cost (or other basis)	e Than One Adjustment to gain or loss Form(s) 8949,	6 7 /ear (s	(h) Gain or (loss) Subtract column (e) from column (f) and combine the result with column (g)
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